

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000000	2 Total pages this report: 1/13	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. Enrique M. NICKNAME LAST SUFFIX Barrera		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	4 CANDIDATE / OFFICEHOLDER ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 761555 <input checked="" type="checkbox"/> Change of Address San Antonio TX 78245			
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mrs. Leticia NICKNAME LAST SUFFIX Barrera		Receipt # Amount Date Processed Date Imaged	
	6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6435 Buena Vista San Antonio TX 78237			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 432-2431			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/0002 06/30/0002			
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Other -- City Council 6		12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...			
	Name			
	Address/PO Box; Apt. / Suite #; City; State; Zip Code			
<input type="checkbox"/> additional pages				
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Mr. Enrique M. Barrera

15 ACCOUNT # (Ethics Commission filers)
00000000**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 NO REPORTABLE
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 350.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 17150.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2883.00

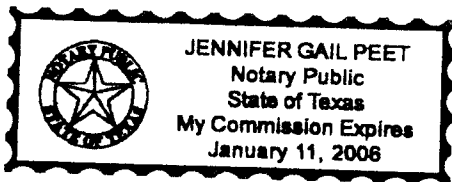
**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



[Signature]
Enrique M. Barrera
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Enrique M. Barrera, this the 15th day of July, 20 02, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Jennifer Gail Peet
Printed name of officer administering oath

Texas Notary
Title of officer administering oath

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT # 00000000		2 Total pages this report: 3/13																									
3 CANDIDATE/ OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 30%;">FIRST</td> <td style="width: 30%;">MI</td> </tr> <tr> <td>Mr.</td> <td>Enrique M.</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Barrera</td> <td></td> </tr> </table>		TITLE	FIRST	MI	Mr.	Enrique M.		NICKNAME	LAST	SUFFIX		Barrera		OFFICE USE ONLY												
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Mr.	Enrique M.																										
NICKNAME	LAST	SUFFIX																									
	Barrera																										
4 ORIGINAL REPORT TYPE																											
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5 ORIGINAL PERIOD COVERED		<table style="width: 100%;"> <tr> <td style="width: 30%;">Month</td> <td style="width: 30%;">Day</td> <td style="width: 30%;">Year</td> <td style="width: 30%;">Month</td> <td style="width: 30%;">Day</td> <td style="width: 30%;">Year</td> </tr> <tr> <td colspan="3">01/01/0002</td> <td colspan="3">06/30/0002</td> </tr> </table>		Month	Day	Year	Month	Day	Year	01/01/0002			06/30/0002														
Month	Day	Year	Month	Day	Year																						
01/01/0002			06/30/0002																								
6 EXPLANATION OF CORRECTION		<div style="text-align: right; font-size: small;"> RECEIVED CLERK OF COURTS 15 PM 2/15/02 15 PM 2/15/02 </div>																									
7 AFFIDAVIT																											
<div style="text-align: right;"> <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty or perjury, that I did not intend to violate a reporting requirement when I filed the original report.</p> <hr style="width: 80%; margin-left: auto;"/> <p style="text-align: center; font-size: x-small;">Signature of Candidate or Officeholder</p> </div>		<div style="text-align: right;"> <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty or perjury, that I did not intend to violate a reporting requirement when I filed the original report.</p> <hr style="width: 80%; margin-left: auto;"/> <p style="text-align: center; font-size: x-small;">Signature of Candidate or Officeholder</p> </div>																									
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections																											

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
4/13

2 FILER NAME

Mr. Enrique M. Barrera

3 ACCOUNT # (Ethics Commission filers)

00000000

4 Date

06/18/0002

5 Full name of contributor ☐ out-of-state PAC(ID# _____)

Mr. Brett Ballio

6 Contributor address; City; State; Zip Code

114 Avenida Del Sol

San Antonio TX 78232

7 Amount of
contribution (\$)

500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/18/0002

Full name of contributor ☐ out-of-state PAC(ID# _____)

Mr. Edward Barron III

Contributor address; City; State; Zip Code

P.O. Box 677

Helotes TX 78023

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/01/0002

Full name of contributor ☐ out-of-state PAC(ID# _____)

Mr. Marco Barros

Contributor address; City; State; Zip Code

14018 Sage Bluff

San Antonio TX 78216

Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/18/0002

Full name of contributor ☐ out-of-state PAC(ID# _____)

Mr. Sam Barshop

Contributor address; City; State; Zip Code

900 Isom Road, Suite 300

San Antonio TX 78216

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/18/0002

Full name of contributor ☐ out-of-state PAC(ID# _____)

J. Cary Barton

Contributor address; City; State; Zip Code

700 North Saint Mary's Street, Suite 1825

San Antonio TX 78205

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/13	
2 FILER NAME Mr. Enrique M. Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 06/18/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Michael Birnbaum 6 Contributor address; City; State; Zip Code 70 Northeast Loop 410,Suite750 San Antonio TX 78216	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Sam Bledsoe III Contributor address; City; State; Zip Code 13410 Bow Heights San Antonio TX 78230	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Broadway Square Joint Venture Contributor address; City; State; Zip Code 3707 North Saint Mary's Street,Suite 201 San Antonio TX 78212	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Darren B. Casey Contributor address; City; State; Zip Code 814 Arion Parkway,Suite 200 San Antonio TX 78216	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/17/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Charlie Cheever Contributor address; City; State; Zip Code 501 Terrell Road San Antonio TX 78209	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 6/13	
2 FILER NAME Mr. Enrique M. Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 06/18/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Gene H. Dawson Jr. 6 Contributor address; City; State; Zip Code 208 North Tower Drive San Antonio TX 78232	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Sam Dawson Contributor address; City; State; Zip Code 3802 Mill Ct. San Antonio TX 78230	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/08/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) De Zavala 31 Joint Venture Contributor address; City; State; Zip Code 3707 North Saint Mary's Street,Suite 201 San Antonio TX 78212	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Walter Embrey Contributor address; City; State; Zip Code 1100 Northeast Loop 410,Suite 900 San Antonio TX 78209	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/12/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Bebb Francis Contributor address; City; State; Zip Code 111 East Mandalay Drive San Antonio TX 78212	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 7/13	
2 FILER NAME Mr. Enrique M. Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 05/25/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fulbright & Jaworski LLP 6 Contributor address; City; State; Zip Code 1301 McKinney, Suite 5100 Houston TX 77010	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/01/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Milton Guess Contributor address; City; State; Zip Code 800 Navarro Street, Suite 200 San Antonio TX 78205	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/04/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Peter Holt Contributor address; City; State; Zip Code 2191 Little Blanco Road Blanco TX 78606	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Bill Kaufman Contributor address; City; State; Zip Code 100 West Houston Street San Antonio TX 78205	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Koontz McCombs Development, LLC Contributor address; City; State; Zip Code 755 East Mulberry, Suite 100 San Antonio TX 78212	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 8/13	
2 FILER NAME Mr. Enrique M. Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 06/22/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Edward Lopez 6 Contributor address; City; State; Zip Code 6607 Spotted Trail San Antonio TX 78240	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Jane Macon Contributor address; City; State; Zip Code 300 Convent Street,Suite 2200 San Antonio TX 78205	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/10/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. B.J. McCombs Contributor address; City; State; Zip Code P.O. Box BH003 San Antonio TX 78201	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Metropolitan Contracting Company,LTD Contributor address; City; State; Zip Code 990 Isom San Antonio TX 78216	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Sam Mitts Contributor address; City; State; Zip Code 10 Sherborne Wood San Antonio TX 78218	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 9/13	
2 FILER NAME Mr. Enrique M. Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 06/18/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Raba-Kistner PAC, Inc. 6 Contributor address; City; State; Zip Code P.O. Box 690287 San Antonio TX 78269	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. John P. Rogers Contributor address; City; State; Zip Code 2 Enchanted Wood San Antonio TX 78248	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Rick Sheldon Contributor address; City; State; Zip Code 4006 Green Oak Drive San Antonio TX 78210	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Jack Spector Contributor address; City; State; Zip Code 227 Devine San Antonio TX 78209	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Chesley Swann III Contributor address; City; State; Zip Code P.O. Box 6862 San Antonio TX 78209	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 10/13	
2 FILER NAME Mr. Enrique M. Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 05/12/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Three D/ I PAC 6 Contributor address; City; State; Zip Code 1900 West Loop South, Suite 600 Houston TX 77027	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/22/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) USAA Group PAC Contributor address; City; State; Zip Code 9800 Fredericksburg Road San Antonio TX 78288	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Venture Investment Company Contributor address; City; State; Zip Code 3707 North Saint Mary's Street, Suite 201 San Antonio TX 78212	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Ken Vickrey Contributor address; City; State; Zip Code 7334 Blanco Road, Suite 109 San Antonio TX 78216	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Steven Waters Contributor address; City; State; Zip Code 311 East Mandalay Drive San Antonio TX 78212	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 11/13	
2 FILER NAME Mr. Enrique M. Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 06/18/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Lewis Westerman 6 Contributor address; City; State; Zip Code 3 Blenheim San Antonio TX 78209	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/20/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Frank Wing Contributor address; City; State; Zip Code 222 Laclede San Antonio TX 78214	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. G.W. Worth Jr. Contributor address; City; State; Zip Code 6929 Camp Bullis Road San Antonio TX 78256	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. G.W. Worth Jr. Contributor address; City; State; Zip Code 6929 Camp Bullis Road San Antonio TX 78256	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/18/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Robert Worth Jr. Contributor address; City; State; Zip Code 217 College Boulevard San Antonio TX 78209	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 12/13
2 FILER NAME Mr. Enrique M. Barrera		3 ACCOUNT # (Ethics Commission filers) 00000000

4 Date 02/12/0002	5 Payee name Holy Family Special Event <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 152 Florencia San Antonio TX 78228	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) Donation		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 06/05/0002	Payee name Holy Family Special Event <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 152 Florencia San Antonio TX 78228	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Donation - Father's Day Dance		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 06/08/0002	Payee name Making a Difference <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 1003 South Acme Road San Antonio TX 78237	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 06/05/0002	Payee name Mario's Restaurant <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 4841 Fredericksburg Road San Antonio TX 78229	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Food for Meeting		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

SCHEDULE F